FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400054953

1. Corporation Name

MIAMI TELEPRODUCTION GROUP INC.

Principal Place of Business Mailing Address						. 2011: Opia) Billi Gigle (bigi G		
2025 NW 8TH TERRACE MIAMI FL 33125		2025 NW 8TH TERRACE MIAMI FL 33125			, , , , ,			
					Too viet wort	E 181 THIR AREACE		
		•			3. Date Incorporated or Qualifed	E IN THIS SPACE	<u> </u>	ı
		* k.			07/25/1994	· · · · · · · · · · · · · · · · · · ·		1
2 Principal F	Place of Business	2a. Mailing Address			4, FEI Number	I I Ann	lied For	
	Tace of Business	26			65-0566676		Applicable	636
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			05-0300070	□ \$8.75 A		
22	. W. Co.	27			5. Certificate of Status Desired	Fee Rec		[
City & Stat	te	City & State			6. Election Campaign Financing	□ \$5.00 h	May Re	l
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Coun	try	8. This corporation owes the curre	nt year Intangible		l
24	25	29	30		Personal Property Tax.	☐ Yes I	□No	
Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent		
		Carling Strain Control		Name				
	EZ, ANTONIO R	, *f *	h	32 Street Ad	dress (P.O. Box Number is Not Acceptab	ile)	 	l
	5 NW 8TH TERRACE	65.7*		0.000.7.0	forth and the state of the stat		resear . Kaliga	
MIA	MI FL 33125	•	[1	33		· 表现。从13级数1		l
	- 1 No. 1			34 City	\$ 19 4 3\$ \$ 1 4 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	85 Zip C	ode	l
CD - 1 12	was a second	26 12 7	· ['	- Uny		FL S Z S Y	000	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab	ove-named co	rporation submits this statement for the p	urpose of changing its r	egistered	
agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligati	ons of, Section 607.0505, Floi	utnonzeo i rida Statut	by the corpora es.	tion's board of directors. I hereby accept	the appointment as reg	istered	
SIGNATURE		•						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature requ	ired when reinstating) of 1941 (3	DATE		á
12.	OFFICERS AND		13.	·	ADDITIONS/CHANGES TO OFFI			Ş
TITLE	DP	☐ DELETE	1.1 TITL	E		☐ Change	☐ Addition	7
NAME	PEREZ, ANTONIO R		1,2 NAM	E		•		Š
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STREET ADDRESS			2.3 STR	EET ADDRESS	•	• •		
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		☐ DELETE	5.2 NAM 5.3 STR	EET ADDRESS -ST-ZIP		☐ Change	Addition	· ·

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

305-643-9527

FILED

Jan 28, 1999 8:00am

Secretary of State

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